## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094658 (7)

AUTO LAND OF VOLUSIA COUNTY, INC.

## FILED Apr 28 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		- I TBOSEMO) SIM TATIM MEINT MAINT MAINT MAINT MAINT MEINT MEINT MEINT MESS JAME		
,		-	•			
1842 EAST NEW YORK AVENUE DELAND FL 32724		1642 EAST NEW YORK AVENUE DELAND FL 32724				
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	·
		12			11/15/1996	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 SAME		28 SAME		59-3418542	Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Floring Committee Financian		
23		26		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	<i>,</i>	8. This corporation owes or has paid the cu	
24	25	<b>⊢</b> , '	30	•		Yes No
[24]	9. Name and Address of Current		-		10. Name and Address of New Registered	
KFI	NNEDY, BILLY N		81	Name		
1642 EAST NEW YORK AVENUE			1-0	Ctroot Add	Irona (D.O. Boy Number in Not Apportable)	
	LAND FL 32724		02	82 Street Address (P.O. Box Number is Not Acceptable)		
	D 110 1 C 02:21		83			
			84	City		85 Zip Code
			**	City	Fl	_   55   Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose of	of changing its registered
office or re agent lar	agistered agent, or both, in the State ( materialiar with, and accept the obliga	or Florida, Such change was at tions of, Section 607.0505, Flor	ida Statute	y tne corpora s.	tion's board of directors. I hereby accept the ap	politiment as registered
SIGNATURE	South H. Hair July Signature, typed or printed name of repostered agen	hear Loxessa	W. HA	N_	U.	21-98
				ent signature requi	rod wileli forisiality) OATE	
12.	OFFICERS AND		13.	·····	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  Change Addition
TITLE	P PERSON DRIV	DELETE	1.1 TITLE			C Cusulte C Hotelion
NAME	KENNEDY, BILLY 2080 GLENWOOD HAMMOCK	0040	1.2 NAME			
STREET ADDRESS	DELAND FL 32720	HUAU		ADDRESS		
CITY-ST-ZIP TITLE	V JELAND FL 32/20	DELETE	1.4 CiTY-1 2.1 TITLE	ST - ZVP		☐ Change ☐ Addition
i 1	HAIR. STEVEN M		2.1 TILE 2.2 NAME			C Ottorigo C 700mion
NAME	2840 PHEASANT VILLAGE			7 ADD0000		
STREET ADORESS	DELAND FL 32720			T ADDRESS		
CITY-ST-ZIP	ST DELETE		2. 4 CITY- 3.1 TITLE	21-ZIP		Change Addition
NAME	HAIR, LORETTA H	L.J OFCERE	3.2 NAME			
STREET ADDRESS	2640 PHEASANT VILLAGE			T ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		3.4. CITY-			
TITLE	DECINO 1 E OF EA	DELETE 4.1		31-61		☐ Change ☐ Addition
NAME		<u> </u>	4. 2 NAME			
STREET ADDRESS				T ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE TO THE A SALL NOW HOUSE HOLD HOLD SALLONE SALLONE

R2E034 (10/97)